

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 198
Registered No. 152

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 3118 Turkey Shoot St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Refugio Garcia (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

Male

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. No.. in order of birth.

6. Legitimate?

yes

7. Date

Mar. 25-1930.
Month Day Year

8.

FATHER

Full name

Refugio Garcia

9. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

10. Color or race

Mex.

11. Age at last birthday 34 (Years)

12. Birthplace (city or place)

(State or country)

Jalisco
Mex

13. Occupation

Nature of industry

Miner

14.

MOTHER

Full maiden name

Lorencia Gallardo

15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

16. Color or race

Mex.

17. Age at last birthday 33 (Years)

18. Birthplace (city or place)

(State or country)

Jalisco
Mex.

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

7

(a) Born alive and now living 6

(b) Born alive but now dead 1

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 A. m. on the date above stated.
(Born alive or stillborn.)

Signature

Cyril M. Brown M.D.
Physician

(Physician or midwife.)

Address

Miami, Arizona

Filed

April 8, 1930 to E. J. Davis
Registrar

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report.

Month, day, year

971-325-376